



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
AFFIDAVIT FOR DUPLICATE CERTIFICATE

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

FOR BOARD FOR CERTIFICATION OF INTERPRETERS USE ONLY

AFFIDAVIT SENT	AFFIDAVIT RECEIVED	DATE PROCESSED	DATE DEPOSITED
FEE PAID \$		DATE CERTIFICATE SENT	

INSTRUCTIONS

We have received your request for a duplicate certificate. Please complete the information below, have it notarized by a notary public and return it to our office with **\$5.00 duplicate certificate fee made payable to MCDHH/BCI Fund (CASHIER'S CHECK OR MONEY ORDER ONLY - NO PERSONAL CHECKS ACCEPTED)**.

RETURN TO: MISSOURI BOARD FOR CERTIFICATION OF INTERPRETERS, 1103 REAR SOUTHWEST BLVD., JEFFERSON CITY, MO 651029

APPLICANT INFORMATION

APPLICANT NAME	First	Middle	Last	CERTIFICATE NUMBER	RCED MICS
ADDRESS	Street			City	State Zip Code
TELEPHONE NUMBER					
THE ORIGINAL CERTIFICATE ISSUED TO ME HAS BEEN: DESTROYED LOST STOLEN					
PLEASE PRINT YOUR NAME BELOW AS YOU WANT IT TO READ ON YOUR CERTIFICATE USE INFORMATION ALREADY GIVEN ABOVE USE INFORMATION LISTED BELOW					
NAME					

AFFIDAVIT

THE ABOVE NAMED APPLICANT, BEING DULY SWORN, DECLARES THAT SHE/HE IS THE PERSON REFERRED TO ABOVE, THAT THE INFORMATION SUPPLIED HEREIN IS TRUE TO THE BEST OF HER/HIS KNOWLEDGE AND THAT SHE/HE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT		
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		